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PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE \$1440 nonprovisional 10/23/2008 10/23/2008 SZEWDIE2 90000894 10667790 **EXAMINER** ART UNIT CLASS-SUBCLASS 01 FC:1501 1510.00 OP RAHMAN, FAHMIDA 2116 713-320000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list ISTAAS & HALSEY LLP (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. 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